IPDR6702				NORTH CAROLINA		P.	AGE: 1	
RUN DATE	: 08/18/2008			RS CHECKWRITE SUMMARY REPORT CHECKWRITE DATE: 08/19/2008		-		
				FINANCIAL PAYER: NCDMH				
						+	TOTAL	TOTAL
PROVIDER			UMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	21 8	860	DUPLICATE OF CLAIM-SYSTEM				
	H/DD/SAS					1		
						_		
		7702 4	163	IPRS DOES NOT ACCEPT ONE OR MO RE OF THE BILLED MODIFIERS		5 3052	6294	3242
				PLEASE CORRECT THE MODIFIER IN		-		
		8961 4	138	ATTENDING PROVIDER NPI IS MIS SING. ATTENDING PROVIDER IS				
				TYPICAL. PLEASE RESUBMIT WITH		+	+	
2404004		8326 7	712	ATTENDING PROVIDER NUMBER WAS				
3404904	WESTERN HIGHLAN DS LME	6326	12	NOT SUBMITTED ON		+	-	
				THIS CLAIM OR THE NPI SUBMITTE				
		8800 1	.35	FURTHER PROCESSING NECESSARY,		0 975	5017	4042
				PLEASE CHECK FOR CLAIM ON		975	5017	4042
				FUTURE RA'S.		<del>                                     </del>		
		8534 7	17	SERVICE FACILITY LOCATION IS N		+	<del> </del>	
				OT A VALID IPRS				
				ATTENDING PROVIDER, OR THE NPI		+	<del>                                     </del>	
3404910	PATHWAYS	8534 7	790	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI		<del>                                     </del>		
				ATTEMPTING PROVIDER, OR THE NPI		+	<del>                                     </del>	
		8326 3	399	ATTENDING PROVIDER NUMBER WAS	1	4 1645	6091	4446
				NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
						+	+	
		21 1	.52	DUPLICATE OF CLAIM-SYSTEM				
						+	-	
3404912	MENTAL HEALTH P	79 4	17	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING				
	ARTNERS			PROVIDER TYPE AND SPECIALTY IN		+	+	
		0.500		60 RESIDENTIAL LEVEL II TREATM				
		8622 3	19	ENT RECEIVED, PA IS REQUIRED		0 115	1495	1380
				FOR ADDITIONAL SERVICE.				
		191 1	.3	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME		_		
3404913	MECKLENBURG COM	8800 4	101	FURTHER PROCESSING NECESSARY,		+		
	ENTAL HEALT							
				PLEASE CHECK FOR CLAIM ON				
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599 1	.26			0 899	5120	4221
		8599 1	.26	FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		0 899	5120	4221
		8599 1	.26	FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT		0 899	5120	4221
			.26	FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		0 899	5120	4221
				FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		0 899	5120	4221
				FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		0 899	5120	4221
3404916	CROSSROADS BEHA	23 7		FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA L  ATTENDING PROVIDER NUMBER WAS		0 899	5120	4221
3404916	CROSSROADS BEHA VIORAL HEAL	23 7	78	FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA L  ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON		0 899	5120	4221
3404916		23 7	8	FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA L  ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE		0 899	5120	4221
3404916		23 7	78	FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA L  ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE  DETAIL NOT COVERED BY COMBINAT		0 899		
3404916		23 7	8	FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA L  ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404916		23 7 8326 3 8599 5	165	FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA L  ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404916		23 7 8326 3 8599 5	8	FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BEWEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA  L  ATTENDING PROVIDER NUMBER WAS  NOT SUBMITTED ON  THIS CLAIM OR THE NPI SUBMITTE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BEWEFIT PACKAGE.  THIS SERVICE IS NOT PAYABLE TO				
3404916		23 7 8326 3 8599 5	165	FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA L  ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	VIORAL HEAL	23 7 8326 3 8599 5	165	FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA L  ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404916	VIORAL HEAL  CENTERPOINT HUM	23 7 8326 3 8599 5	165	FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA L  ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING				
	VIORAL HEAL	23 7 8326 3 8599 5	165	FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA L  ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
	VIORAL HEAL  CENTERPOINT HUM	23 7 8326 3 8599 5 79 1	165	FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA L  ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  SERVICE REQUIRES PRIOR APPROVA L		0 477	2533	2056
	VIORAL HEAL  CENTERPOINT HUM	23 7 8326 3 8599 5 79 1	165	FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA L  ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				2056
	VIORAL HEAL  CENTERPOINT HUM	23 7 8326 3 8599 5 79 1	165	FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA L  ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  SERVICE REQUIRES PRIOR APPROVA L  FURTHER PROCESSING NECESSARY,		0 477	2533	2056
	VIORAL HEAL  CENTERPOINT HUM	23 7 8326 3 8599 5 79 3 23 9	.8	FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA L  ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED SILLING PROVIDER TYPE AND SPECIALTY IN  SERVICE REQUIRES PRIOR APPROVA L  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.		0 477	2533	2056
	VIORAL HEAL  CENTERPOINT HUM	23 7 8326 3 8599 5 79 3 23 9	165	FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA L  ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  SERVICE REQUIRES PRIOR APPROVA L  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON		0 477	2533	2056

	T	T	T	T.	T	T	ı	1
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIEDED WANT	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NONDER	PROVIDER NAME	6003	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8800	642	FURTHER PROCESSING NECESSARY,				
	TAL HEALTHC			PLEASE CHECK FOR CLAIM ON				
	THE HEIDTIG			FUTURE RA'S.				
		8537	203	PROCEDURE IS NOT PAYABLE FOR Y	0	957	3310	2353
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
		8599	54	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL	0	0	*** NO DATA TO REPORT ***				
	L AREA MH D							
		0	0			_	_	
		0	ŭ .		0	0	5	5
3404921	ORANGE PERSON C	8599	78	DETAIL NOT COVERED BY COMBINAT				
	HATHAM AREA			ION OF RECIPIENT, PROVIDER AND				
	million racin			BENEFIT PACKAGE.				
		21	41	DUPLICATE OF CLAIM-SYSTEM	0	159	5637	5478
							2237	
		8326	15	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
3404922	THE DURHAM CENT	21	883	DUPLICATE OF CLAIM-SYSTEM				
	ER							
				FURTHER PROCESSING NECESSARY,				
		8800	841		0	1753	2243	490
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8664	16	SERVICE DENIED, LIMITATION HAS				
		0004	10	BEEN EXCEEDED FOR THE FISCAL				
				YEAR.				
				A APPAC				
3404923	FIVE COUNTY MH	8534	937	SERVICE FACILITY LOCATION IS N				
	FIVE COUNTY MI			OT A VALID IPRS				
				ATTENDING PROVIDER, OR THE NPI				
		8326	630	ATTENDING PROVIDER NUMBER WAS	0	1895	2855	960
				NOT SUBMITTED ON	-			
				THIS CLAIM OR THE NPI SUBMITTE				
		11	306	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404925	SANDHILLS CENTE	8800	164	FURTHER PROCESSING NECESSARY,				
	R FOR MH/DD			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
	1	0500	125	DEMATI NOW COMBRES BY COMPANY				
	1	8599	125	DETAIL NOT COVERED BY COMBINAT	8	559	7114	6555
	1		1	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				-
		8326	110	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
3404926	SOUTHEASTERN RE	8599	63	DETAIL NOT COVERED BY COMBINAT				
	G MENTAL HL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8326	59	ATTENDING PROVIDER NUMBER WAS	2	226	2667	2441
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8505	40	CLAIM DENIED DUE TO INSUFFICIE				
			1	NT BUDGET				
2404922		0000	49	CUATM DENIED APPRINTING PROUPS				
3404927	CUMBERLAND CO M	8988	49	CLAIM DENIED, ATTENDING PROVID				
3404927	CUMBERLAND CO M	8988	49	ER WAS NOT				
3404927		8988	49					
3404927				ER WAS NOT ENDORSED/LICENSED/CERTIFIED				
3404927		8988	49	ER WAS NOT ENDORSED/LICENSED/CERTIFIED  DETAIL NOT COVERED BY COMBINAT	0	85	970	885
3404927				ER WAS NOT ENDORSED/LICENSED/CERTIFIED  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	85	970	885
3404927				ER WAS NOT ENDORSED/LICENSED/CERTIFIED  DETAIL NOT COVERED BY COMBINAT	0	85	970	885
3404927				ER WAS NOT ENDORSED/LICENSED/CERTIFIED  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	85	970	885
3404927		8599	15	ER WAS NOT  ENDORSED/LICENSED/CERTIFIED  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	0	85	970	885
3404927		8599	15	ER WAS NOT ENDORSED/LICENSED/CERTIFIED  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE	0	85	970	885

		1		T.	1		TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY	8326	165	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
	MNTL HLTHC			THIS CLAIM OR THE NPI SUBMITTE				
		23	118	SERVICE REQUIRES PRIOR APPROVA	0	443	2062	1619
				L				
ļ								
		8961	58	ATTENDING PROVIDER NPI IS MIS				
				SING. ATTENDING PROVIDER IS				
				TYPICAL. PLEASE RESUBMIT WITH				
2404021		11	1.0	AV YEAR AND DIVINING BY VALUE OF STREET				
3404931	WAKE CO HUM SVC	11	17	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	BILLING OF			DIVIN				
		8326	10	ATTENDING PROVIDER NUMBER WAS	0	80	577	497
ļ				NOT SUBMITTED ON				
ļ				THIS CLAIM OR THE NPI SUBMITTE				
		8536	8	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404933	SOUTHEASTERN CT	8326	48	ATTENDING PROVIDER NUMBER WAS		<b></b>		
<del></del>	R FOR MH/DD			NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE		<del>                                     </del>		
		1		Junio On Ann Mai SUDMILLE		<del>                                     </del>		
		8536	20	ATTENDING PROVIDER TYPE AND SP	0	90	4393	4303
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		5404	9	SEVERE DUPLICATE: SAME ATTD PR				
<b></b>		3404	,	OV/PCODE/TOS/DOS/MOD				
				1				
3404934	ONSLOW CARTERET	8326	136	ATTENDING PROVIDER NUMBER WAS				
	BEHAV HEAL			NOT SUBMITTED ON				
ļ				THIS CLAIM OR THE NPI SUBMITTE				
<b></b>		11	91	CLIENT NOT ELIGIBLE ON SERVICE	0	393	1599	1206
				DATE		323	1333	1200
		3101	73	THE TAXONOMY CODE FOR THE ATTE NDING PROVIDER				
<b></b>				IS MISSING				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
ļ								
<b></b>		0	0				0	
		-			0	0	U	U
3404937	THE BEACON CENT	79	32	THIS SERVICE IS NOT PAYABLE TO				
	ER			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN		<del>                                     </del>		
		8326	6	ATTENDING PROVIDER NUMBER WAS	0	45	3226	3181
				NOT SUBMITTED ON		45	3226	3181
	+			THIS CLAIM OR THE NPI SUBMITTE				
		8654	2	ONLY 16 UNITS ALLOWED PER DAY				
		8654	2	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR				
		8654	2	ONLY 16 UNITS ALLOWED PER DAY				
3404939	EAST CAROLINA B	8654	196	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE FURTHER PROCESSING NECESSARY,				
3404939	EAST CAROLINA B EHAVIORAL H		196	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
3404939			196	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE FURTHER PROCESSING NECESSARY,				
3404939		8800		ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404939			196	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	15	498	5042	4544
3404939		8800		ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL, PLEASE CORRECT THE FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. THIS SERVICE IS NOT PAYABLE TO	15	498	5042	4544
3404939		8800	71	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL, PLEASE CORRECT THE FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	15	498	5042	4544
3404939		8800		ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  EXCEEDS THE ONE PER DAY LIMITA	15	498	5042	4544
3404939		8800	71	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL, PLEASE CORRECT THE FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	15	498	5042	4544
3404939		8800	71	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  EXCEEDS THE ONE PER DAY LIMITA	15	498	5042	4544
3404939	EHAVIORAL H	8800	71	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  EXCEEDS THE ONE PER DAY LIMITA	15	498	5042	4544
		8800	71 46	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  EXCEEDS THE ONE PER DAY LIMITA TION	15	498	5042	4544

PROVIDER							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
		0	0			0 0	0	)
								<del>                                     </del>
3404943	ALBEMARLE MENTA	8599	73	DETAIL NOT COVERED BY COMBINAT				
		****		ION OF RECIPIENT, PROVIDER AND				
	L HEALTH CE			BENEFIT PACKAGE.				
								+
		11	17	CLIENT NOT ELIGIBLE ON SERVICE				
			- /	DATE		2 155	1892	173
				DATE				
		21	13	DUDY TOURS OF OUT THE OVERSON				
		21	13	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMA	79	101	THIS SERVICE IS NOT PAYABLE TO				
	N SERVICES			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8988	37	CLAIM DENIED, ATTENDING PROVID		0 195	2836	264
				ER WAS NOT				
				ENDORSED/LICENSED/CERTIFIED				
		8326	28	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
3404946	FOOTHILLS AREAM	0	0	*** NO DATA TO REPORT ***				1
	ENTAL HEALT							
		0	0			0 0	C	) (
						-		<del>                                      </del>
								+
3404949	PIEDMONT BEHAVI	21	4513	DUPLICATE OF CLAIM-SYSTEM				<del>                                     </del>
	ORAL HEALTH							
	ORGIN HEADTH							+
		120	2819	CLIENT ID NUMBER MISSING OR IN		0 23741	63965	40224
				VALID. ENTER CID AND SUBMIT		23/41	63965	40224
				AS A NEW CLAIM				+
				NO N NON CONTR				+
		8599	2710	DETAIL NOT COVERED BY COMBINAT				1
		0333	2/10	ION OF RECIPIENT, PROVIDER AND				<del>                                     </del>
			1	ION OF RECIPIENT, PROVIDER AND		1	1	1